

APPLICATION FORM FOR ADMISSION (Second to Sixth Year) - 2026/2027

<p>This is an application form for admission and does not constitute an offer of a place, implied or otherwise. Use of the word 'student' throughout this Application Form does not imply that the person on whose behalf this application is being made is regarded as a having been accepted as a student of Castleknock Community College.</p>	
Completed applications will be accepted from:	Monday 13 th April 2026
The closing date for receipt of applications is:	Friday 29 th May 2026 at 12.00p.m.

All Application Forms and accompanying documentation should be sent to:	For office use only
Mr John Cronin Principal Castleknock Community College Carpenterstown Road Dublin 15	Date received: ___/___/____ School Stamp:

Recent proof of address (Utility bills or bank statements dated within the last three months and in the name of the parent(s)/guardian(s) will be accepted).

Please tick the Year Group the student is applying to enter: **See Section 3 for Special Class***

<input checked="" type="checkbox"/> First Year (n/a)	<input type="checkbox"/> Transition Year	<input type="checkbox"/> Sixth Year
<input type="checkbox"/> Second Year	<input type="checkbox"/> Fifth Year	<input type="checkbox"/> LCA 2
<input type="checkbox"/> Third Year	<input type="checkbox"/> LCA 1	<input type="checkbox"/> Special Class*

Please complete all sections of the following application using BLOCK CAPITALS									
SECTION 1 - PROSPECTIVE STUDENT DETAILS									
<i>Details of the young person for whom this application is being made.</i>									
First Name:									
Middle Name:									
Surname:									
Date of Birth:									
Student Address*:									
<u>*This is the address at which the student is residing at the time of application.</u>									
Eircode:									
PPSN:									

SECTION 2 – DETAILS OF PARENT/GUARDIAN

This section is NOT required to be completed where the student is over 18, unless s/he wishes the school to communicate with his/her parent/guardian about this application instead of directly with the student. The information is sought for the purposes of making contact about this application. If more than one name is given but the address is the same, only one letter will issue and will be addressed to both individuals.

	Parent / Guardian 1	Parent / Guardian 2
Prefix: (e.g., Mr. / Ms. / Ms. etc.)		
First Name:		
Surname:		
Address:		
Eircode:		
Telephone no.	* <input type="checkbox"/>	* <input type="checkbox"/>
Email address:		
Relationship to student:		

***Please tick the mobile telephone number which should be used by the school for text messages.**

SECTION 4 – SELECTION CRITERIA FOR ADMISSION IN THE EVENT OF OVERSUBSCRIPTION

This information will assist in determining whether the student meets the admission requirements in accordance with the order of priority as set out in the applicable section of the Admission Policy for Castleknock Community College.

A. Please confirm the student's address for the purpose of determining whether s/he resides in the catchment area. Please note that recent proof of address will be required in support of this. (Only utility bills or bank statements dated within the last three months and in the name of the parent(s)/guardian(s) will be accepted.

Address:	

B. If the student currently has any siblings in this school, please indicate their names and current year of study.

(i) Name:	
Year:	
(ii) Name:	
Year:	
(iii) Name:	
Year:	

C. If the student has previously had any siblings in this school, please indicate their names and years of attendance.

(i) Name:	
Year(s):	
(ii) Name:	
Year(s):	

SECTION 5 - STUDENT CODE OF BEHAVIOUR

Please confirm that the Student Code of Behaviour is acceptable to you as a parent/guardian and that you shall make all reasonable efforts to ensure compliance of same by the student if s/he secures a place in the school. Please note that the Code of Behaviour can be found at www.castleknockcc.ie or from the school office.

I _____ confirm that the Code of Behaviour for the school is acceptable to me as the student's parent/guardian and I shall make all reasonable efforts to ensure compliance by the student if s/he secures a place in the school.

OR, in the case where the Applicant is over 18 years of age:

I _____ (Student's Name) confirm that the Student Behaviour Policy for the College is acceptable to me and I shall ensure my compliance with the Code if I secure a place in the school.

IMPORTANT INFORMATION:

- You are required to submit: Recent proof of address - utility bills or bank statements dated within the last three months and in the name of the parent(s)/guardian(s) will be accepted
- All of the information that you provide in this application form is taken in good faith. If it is found that any of the information is incorrect, misleading, or incomplete, the application may be rendered invalid.
- Please understand that it your responsibility to inform the school of any change in contact information or circumstances relating to this application.
- For information regarding how your data is processed by the school and Dublin & Dun Laoghaire ETB, please see overleaf.
- Please sign below to demonstrate that you have read and understood this information.

NOTE: Should the student receive a place in Castleknock CC, there is no guarantee that the student will be assigned his/her selected subject choice due to resource issues and/or restrictions on the numbers of students per class.

Please tick that you have read and accept the terms of the Admissions Policy

(Parent / Guardian 1)

(Date)

(Parent / Guardian 2)

(Date)

(Student [where over 18])

(Date)

DATA PROTECTION

The Board of Management of Castleknock Community College is a committee of Dublin & Dun Laoghaire ETB, (1, Tuansgate, Belgard Square East, Tallaght, Dublin 24). which is a data controller under the General Data Protection Regulations and the Data Protection Acts 1988 - 2018. The Data Protection Officer for Dublin & Dun Laoghaire ETB can be contacted at dataprotection@ddletb.ie

The personal data supplied on this Application Form and the accompanying documentation sought is required for the purpose of:

- Verification of identity and date of birth;
- Verification and assessment of admission criteria;
- Allocation of teachers and resources to the school; and
- School administration,

all of which are tasks carried out pursuant to various statutory duties to which Dublin & Dun Laoghaire ETB is subject. Failure to provide the requested information may result in the application being deemed invalid and an offer of a place may not be made.

The personal data disclosed in this Application Form may be communicated internally within Dublin & Dun Laoghaire ETB for the purpose of determining the applicability of the selection criteria and possibly with the patron or board of management of other schools in order to facilitate the efficient admission of students, pursuant to section 66(6) of the Education Act 1998 as inserted by section 9 of the (Admissions to Schools) Act 2018. The personal data provided in this Application Form will be kept for 7 years from the date on which the student turns 18 years of age, unless there is a statutory requirement to retain some or all elements of the data for a further period or indefinitely, in line with Dublin & Dun Laoghaire ETB Data Retention Policy, which can be found at dataprotection@ddletb.ie

A copy of the full Dublin & Dun Laoghaire ETB Data Protection Policy is available at www.castleknockcc.ie or from the school office.

Any person who provides personal data through this Application Form has a right to request access to that data. S/he also has a right to request the changing of any information if it is factually incorrect. A request for erasure of the data can also be made by or on behalf of the data subject but this will only be acceded to where the data is no longer necessary for the purpose for which it was collected and where Dublin & Dun Laoghaire ETB does not have a legal basis for retaining it. If you as a data subject have any complaints regarding the processing of your personal data, you have the right to lodge a complaint with the Data Protection Commission.

Application Form (Transfer) - Checklist

Sections to completed in advance of your application	Reference	Yes	No
Have you included all contact details as set out on Pages 1 & 2?	Pages 1 & 2		
Have you completed the relevant section relating to the Student Behaviour Policy on Page 5?	Page 5		
Have you ticked the box on Page 5 indicated that you have read and accept the terms of the Admissions Policy?	Page 5		
Have you signed the relevant section at the bottom of Page 5?	Page 5		
Have you read all sections of the Data Protection Summary Document?	Data Protection Summary Document Page 6		

Documentation to be included with this application	Yes	No
Two utility bills (Different companies)		
Birth Certificate		
Relevant Report – Required for applications to Special Class only		

Please note that any incomplete applications will not be processed.

Please be advised that it is imperative that the address submitted with this Application Form (Section 1) is the main place of residence of the applicant at the time of application. If the applicant moves address during the application process, it is the responsibility of the applicant's parents/guardians to notify the College.

Office use only

Date Application Received: _____

Checked by: _____

Date entered on School Database: _____

Date entered on P.Pod System: _____

Entered by: _____

Enrolment to Castleknock Community College Acknowledgement of receipt of Application Form for the Academic Year 2026 - 2027

Parent(s)/Guardian(s),

This form will be returned to you as acknowledgement that your child's application has been received by the College authorities. *Please complete the section below entitled: Acknowledgement of receipt of Application Form.*

John Cronin, Principal.

Please indicate which Year Group you wish to apply for. Please tick one box only

Second Year	
Third Year	
Transition Year	
Leaving Certificate 1	
Leaving Certificate Applied 1	
Leaving Certificate 2	
Leaving Certificate Applied 2	
Special Class	

Parent(s)/Guardian(s) Name: _____

Student's Name: _____

Student's Address: _____

OFFICE USE ONLY

<p>Received by: _____</p> <p>Date: _____</p> <div style="border: 1px solid black; width: 150px; height: 50px; margin: 10px auto;"></div> <p>School Stamp:</p>
